

PART B - FEE(S) TRANSMITTAL

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30594 7590 02/28/2006

HARNESS, DICKEY & PIERCE, P.L.C.

P.O. BOX 8910

RESTON, VA 20195

05/25/2006 HDEMESS2 00000027 122325 09901866

01 FC:1501 1400.00 DA
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Patty Giebler (Depositor's name)
Patty Giebler (Signature)
5-25-06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/901,866	07/10/2001	Gerard J. Foschini	13-7	9101
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TITLE OF INVENTION: WIRELESS COMMUNICATION SYSTEM USING MULTI-ELEMENT ANTENNA HAVING A SPACE-TIME ARCHITECTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/30/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WILLIAMS, LAWRENCE B	2638	375-267000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		1 _____ 2 _____ 3 _____			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **LUCENT TECHNOLOGIES INC.** (B) RESIDENCE: (CITY and STATE OR COUNTRY)

MURRAY HILL, NJ 07974

STATE OF DELAWARE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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12-2325

Authorized Signature

Patty Giebler

Date

5-25-06

Typed or printed name

Patty Giebler

Registration No.

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